

Hand-Delivered

FILED
CHARLOTTE, NC

UNITED STATES DISTRICT COURT

DEC 18 2023

for the

District of _____

US DISTRICT COURT
WESTERN DISTRICT OF NC

Division _____

Case No.

3:23-cv-868-KDB

(to be filled in by the Clerk's Office)

Albertina D. Smith-Banks, MD

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one)

☐ Yes

☐ No

unsure at this time

Striim Health DBA Charlotte Mecklenburg Hospital Authority

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Albertina Denise Smith-Banks

421 Meacham Street

Charlotte, North Carolina 28203

Mecklenburg County

704-612-3033

Albertinasmith036@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Lisa Webster
HR director
same as Atrium Health
↓

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Dr. Lisa Elhage
former Pediatrician at Mountain Island
Pediatrics
Same as Atrium Health

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Ms. Lisha Wallace
Office Manager for Mountain Island
Pediatrics
Same as Atrium Health

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Michelle Lambert, Sr. Human
Resource Associate

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

*Discrimination based on age (40 or over) and race
 (African American) in violation of Title VII of the Civil Rights
 Act of 1964 (Title VII) as amended, and the Age Discrimination
 in Employment Act of 1967 (ADEA)*

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) Albertina D. Smith-Pomke, MD, is a citizen of the
 State of (name) North Carolina.

b. If the plaintiff is a corporation

The plaintiff, (name) Asium Health / Charlotte-Mecklenburg
 Hospital Authority, is incorporated
 under the laws of the State of (name) North Carolina,
 and has its principal place of business in the State of (name)
North Carolina.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of
 the State of (name) _____. Or is a citizen of
 (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) Arrian Heath / CHHA, is incorporated under the laws of the State of (name) North Carolina, and has its principal place of business in the State of (name) North Carolina.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) North Carolina & GA.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

see attached

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

(1) For not hiring Albertina Smith Banks on the basis of race African American
(2) For willfully interfering with the protected activities of applying for a job, interfering with the retiring process.
(3) For not hiring Albertina Smith Banks on the basis of age 42 years discrimination
we ask for damages equal to a full year's salary

possessing 20 years of professional experience in Pediatrics,
the ability to speak Spanish (at \$275,000/year) since
the initial date of engagement w. the Abriam's HR Department
(Oct 2021) for each year that has lapsed as well as for
each job that defendant requested to be considered for

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: December 18, 2023

Signature of Plaintiff *Albertina Denise Smith-Banks*
Printed Name of Plaintiff Albertina Denise Smith-Banks

B. For Attorneys

Date of signing: _____

Signature of Attorney _____
Printed Name of Attorney _____
Bar Number _____
Name of Law Firm _____
Street Address _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____